



ART

ACCESSIBLE RALEIGH TRANSPORTATION

City of Raleigh • Department of Transportation

ADA PARATRANSIT Eligibility

- ☐ *I am unable to use a transit vehicle which is otherwise readily accessible to persons with disabilities without the assistance of another individual. I wish to apply for ADA Paratransit eligible service.*

Please send me a Tier II ART application.

I certify that this information is correct and I give permission for my physician or human services official to verify my disability.

Signature: _____ Date: _____

HUMAN SERVICE OFFICIAL'S OR PHYSICIAN'S VERIFICATION:

- ☐ *I have reviewed this application and certify that the information is correct.*

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

TELEPHONE: _____

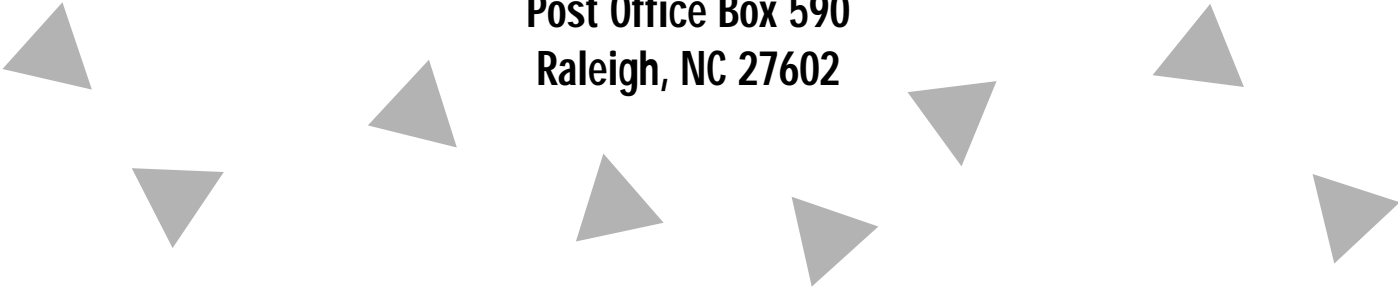
If not an MD, _____

title

organization

PLEASE TEAR OFF APPLICATION AND MAIL IN.

ACCESSIBLE RALEIGH TRANSPORTATION
City of Raleigh Department of Transportation
Post Office Box 590
Raleigh, NC 27602



ART

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DO NOT WRITE IN THIS BOX

ID number _____

Date issued _____

___ Tier I Permanent

___ Tier I Temporary

___ Tier II Unconditional

___ Tier II Conditional

Expires _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Name _____ Social Security # _____

Home Address _____ City _____ State _____ Zip _____

Telephone # _____ Date of birth _____ Sex _____

Nature of disability _____

Please check all boxes that apply to you and provide information as required.

PERMANENT Accessible Raleigh Transportation (ART) Eligibility

☐ I cannot drive a car due to disability.

☐ I cannot use the bus system due to disability.

TEMPORARY ART Eligibility

☐ I have a temporary disability that prevents me from driving a car and/or using the bus system.

☐ My doctor estimates that my disability will last until _____

Name of Doctor: _____

Doctor's address: _____

Doctor's telephone #: _____

VISITOR or Temporary Residence Eligibility

☐ I am a visitor or a temporary Raleigh resident.

☐ I will be residing in Raleigh until _____

Raleigh address: _____

Raleigh telephone #: _____

You may renew your temporary eligibility by calling 890-3459.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION